

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M92262

1. Entity Name

P.A. MCCULLOUGH & ASSOCIATES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90013 049 ***150.00

Principal Place of Business

201 GULF OF MEXICO DRIVE
 SUITE 6
 LONGBOAT KEY FL 34228

Mailing Address

P.O. BOX 2583
 SARASOTA FL 34230-2583

2. Principal Place of Business

303 South Palm Ave.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2583
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL
 Zip 34236 Country Sarasota

City & State

Sarasota, FL 34230
 Zip 34236 Country USA

4. FEI Number

65-0121289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MCCULLOUGH, PAMELA ANNE
 201 GULF OF MEXICO DRIVE
 SUITE 6
 LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

303 South Palm Ave.
 City Sarasota FL Zip 34236

8. The above named entity submits this statement for the purpose of re-registering, or both in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVD	<input type="checkbox"/> Delete
NAME	CLABAUGH, JAMES E.	
STREET ADDRESS	201 GULF OF MEXICO DRIVE, SUITE 6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, PAMELA ANNE	
STREET ADDRESS	201 GULF OF MEXICO DRIVE, SUITE 6	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES E. CLABAUGH 4/26/2000 941-366-4414